

Part 2 never received  
8/13

### State Well Report Part 1

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 10631  
Jackson, MS 39289-0631  
(601)961-5210  
(601)354-6938 (fax)

For Office Use Only:	
Aquifer:	_____
Well #:	<u>F-222</u>
L. S. Elevation:	_____
E-log #:	_____

County:	<u>Bellevue</u>
Permit #:	<u>GW43699</u>
Driller:	<u>COOK DRILLING CO. INC.</u>
Date drilling completed:	<u>Aug 5-07</u>

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information		Well Location	
Owner Name:	<u>Brad Barr Farms</u>	Latitude:	<u>33°49'65.4"</u> Longitude: <u>90°53'44.8"</u>
Mailing Address:	<u>737 Beulah Rd. Beulah Ms. 38726</u>	Method of Lat/Long (circle one):	<u>Conventional Survey</u>
City	State	Zip Code	
Telephone No.:	<u>662) 723-6718</u>	USGS quad, Hand-held GPS, Survey-grade GPS	
		NW 1/4 SE 1/4 Sec. <u>23</u> Twn <u>23N</u> Rng <u>7W</u>	
		Distance Direction Nearest Town	
		<u>5</u> Miles <u>7W</u> of <u>PALM SPR</u>	

Well Data	
Purpose of Well (circle one):	Home Industrial Public Supply <u>Irrigation</u> Fish Culture Other: _____
Date well drilling started:	<u>Aug 5-07</u> Date well drilling completed: <u>Aug 5-07</u>
If flowing, method of flow regulation:	Valve _____ Other (describe) _____
Static Water Level:	<u>40</u> feet above or below (circle one) land surface Date measured: <u>Aug 5-07</u>
Method of Measurement (circle one):	<u>steel tape</u> electric tape air line other: _____
Hole depth:	<u>120</u> Well depth: <u>120</u> Well grouted to a depth of <u>10</u> feet
Type of grout (circle one):	<u>Cement</u> Bentonite Mix
Casing length:	<u>80</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u>
Screen length:	<u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC</u>
Screen slot size:	<u>1250</u> inches Setting depth: From <u>80</u> feet to <u>120</u> feet
Type of completion (circle all applicable):	Gravel packed Underreamed Telescoped Open hole Natural Development Other (describe): _____
Top of lap pipe production in casing:	_____ feet. If telescoped or more than one screen, describe on back of page
Logs run (circle all applicable):	No log run Electric Gamma Ray Density Sonic Neutron Other: _____
Name of organization running log(s):	_____

I certify that this well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

COOK DRILLING CO. INC.  
Print Name of Well Contractor and License No. 289

[Signature]  
Signature of Water Well Contractor

RECEIVED  
AUG 13 2007  
BY: OLWR

